

CONCUSSION SETTLEMENT

IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION
No. 2:12-md-02323 (E.D. Pa.)

SWS-3

THIRD-PARTY SWORN STATEMENT: FUNCTIONAL IMPAIRMENT

This document is to be used by Settlement Class Members seeking to corroborate the Retired NFL Football Player's functional impairment when no documentary evidence (for example, medical records or employment records) exists or is available.

In that situation, the Settlement Agreement allows a Retired NFL Football Player's functional impairment to be supported by a sworn statement from someone who personally knows the Retired NFL Football Player, is familiar with his condition and can describe his functional impairment in the areas of Community Affairs, Home & Hobbies, and Personal Care (see next page for detailed instructions), but who is not the Retired NFL Football Player's family member. That means the Player's (1) spouse and his or her parents; (2) sons and daughters and their spouses; (3) parents and their spouses; (4) brothers and sister and their spouses; (5) grandparents, grandchildren and their spouses; and (6) domestic partner and his or her parents, and the domestic partners of any of these persons cannot complete this form.

	I. RETIRE	ED NFL FOOTE	BALL PLA	YER INFO	RMATION		
Settlement Program ID							
Retired Player Name	First		M.I.	Last			
Retired Player Date of Birth		I	/	<u> </u> / (Month/Day/Y	 		
II. THIRD-PARTY INFORMATION							
Name	First		M.I.	Last			
Mailing Address	Street/P.O. Box						
	City				State	Zip	
Telephone			-		1-		
E-Mail Address							
Relation to the Retired NFL Football Player							

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III. DESCRIPTION OF RETIRED NFL FOOTBALL PLAYER'S FUNCTIONAL IMPAIRMENT

In your own words, describe any behavior of the Retired NFL Football Player listed on the first page of this form that you believe demonstrates difficulties he has in his everyday functioning and how his functioning has declined from his previous usual level before you began noticing any impairment. Focus on decline caused by cognitive loss instead of other problems, such as physical handicap or pain. Comment on each of the following areas:

- Community Affairs (how he functions in the community, outside the home)
- Home & Hobbies (how he functions at home)
- Personal Care (how he takes care of himself)

Also explain how you are aware of the above-described decline in function, if any.

Examples of the types of activities in each of these categories are listed here, and range in severity. These include:

Community Affairs

- Loss of interest in activities outside the home
- Inability to perform occupational activities (employment)
- Loss of the ability to drive
- Failure to shop for himself
- Has stopped visiting with friends and family
- Has stopped attending church, social functions, political activities, every day appointments, or educational programs
- Has repeated conflicts with strangers.

Home & Hobbies

- Difficulties getting along with family members
- Inability to perform household chores, such as cooking, laundry, vacuuming, cleaning, making the bed, taking out the garbage, yard work, and basic home repair
- Loss of interest in hobbies, such as painting, reading, entertaining, photography, gardening, woodworking, or participation in sports.

Personal Care

- Decline in appearance, or needs reminders to maintain his appearance
- Loss of the ability to dress himself
- Lapses in washing and grooming
- Decline in eating habits (for example, no longer eats regular meals, or in more severe cases has trouble with using utensils and has to be fed)
- Poor toileting habits or loss of bladder control (for example, soils himself or wets the bed).

Use the space below to describe the Player's functional decline from his previous usual level in each of these areas. If you need more space, attach additional pages.

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IV. SIGNATURE								
This Sworn Statement is an official document submitted in connection with the Class Action Settlement in In re: National Football League Players' Concussion Injury Litigation, MDL No. 2323. By signing below, I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that all information provided in this Sworn Statement is true and correct to the best of my knowledge, information and belief.								
Third-Party Sig	gnature			Date				
Printed Name		First	M.I.	Last	, , ,			